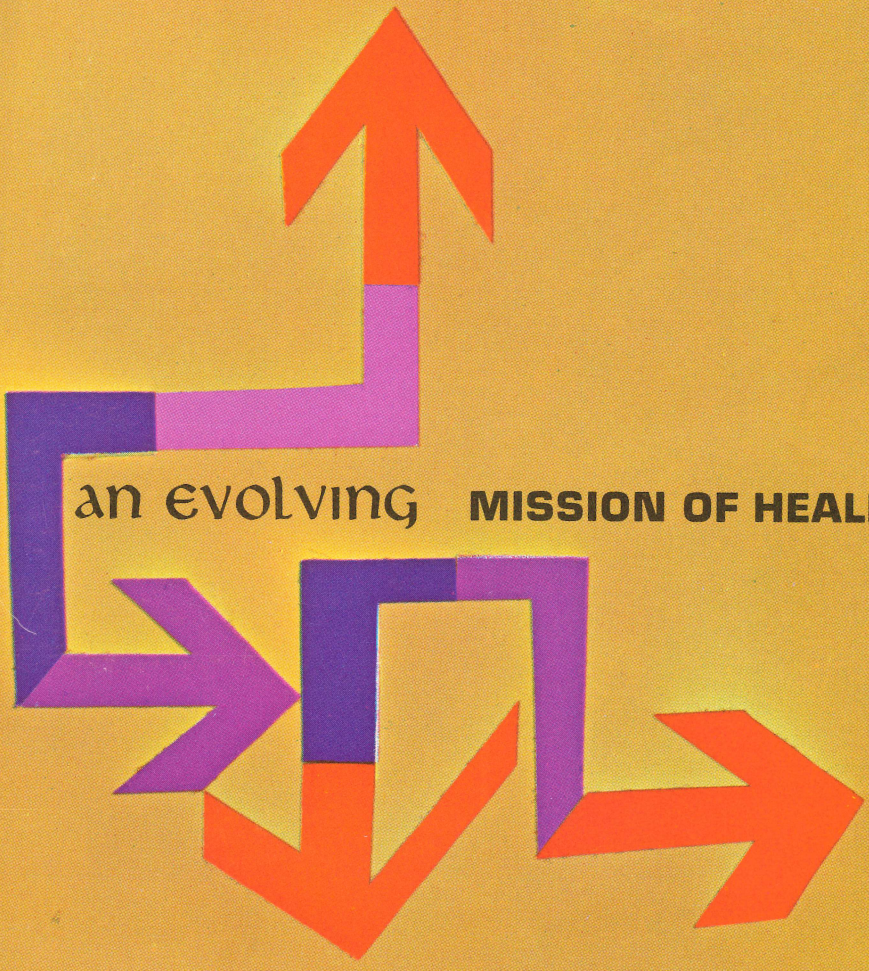
medical missionary

NOVEMBER-DECEMBER, 1967



an evolving MISSION OF HEALING

medical missionary

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This is where our story really begins . . .

AN EVOLVING

MISSION OF HEALING

By Sister Miriam Therese

Public health work, Patna, India.

Tibetan mother and child.

Kashmiri mother and child.

. . . among the people of these lands.

As she watched the falling leaves of a late September day in 1925, Doctor Anna Dengel envisioned a new spring. It was the moment of promise, of risk, the founding of a new institution within the Church, the forging of a link of love and concern that currently circles the globe. Her institution would not be one simply of cement and stone, but a warm, vigorous, living dedication to the cause of healing. That was how the Medical Mission Sisters began.

Forty-two years later, the Medical Mission Sisters are still beginning. It takes many long, arduous, dynamic experiences to become. Medical mission work, to be valid, to be relevant, demands by its very nature that it be flexible in structure and scope. One cannot legislate today for tomorrow's need. A cause existing for the contemporary situation is by that very fact conditioned by the characteristics of the times. The Medical Mission Sisters, founded for such a cause, know this. Change is integral to the expression of their dedication as a criterion of competent service and Christian charity. Yet, as they evolve through the years, the core of what was there in the beginning remains the same. It is the Gospel command to continue what Christ did, to carry on His cause of healing today through their care of the sick, to be God's healing hand on the hurt of the world.

It is not easy to be a servant of the sick. It means a total gift of time, talent, *self*. The demands are often relentless and the need is always great. But the quantity of the demand must never be allowed to impair the quality of the service rendered. The hands that bring healing must indeed be quick and competent, but they must also be gentle, tender, human, warm. When a Sister lays her hands upon the sick in order that they might

Entrance to Hospital, Quinhon, So. Vietnam.

Problems may be measured in the mass . . .

recover, the sick must know that these are in reality the hands of Christ.

This kind of commitment is all-encompassing. The one who serves must be always in readiness to respond meaningfully to the one who is in need. Where the sick are, the Medical Mission Sister *vows* to be. This is the value of her complete and wholehearted commitment.

She is poor that she might more honestly identify with those whose hands are empty, unencumbered that she might more easily slip into any way of life.

She is unclaimed by any one person that she might truly be possessed by all.

She is ready to go and do what needs to be done, wherever the call comes from, whenever it happens to sound.

From the moment the Medical Mission Sisters began their world-wide service, they brought to the developing nations 20th-century medicine with all that that implies: qualified, competent care by professionally prepared personnel; the institution — the hospital and the medical center; training programs that would enable the local people to participate in and eventually oversee the work of healing. Today these pioneer elements are still valid. However, two aspects are becoming increasingly important.

The first is that of cooperation, collaboration with other voluntary agencies and the local government of a given area who are all working toward an identical goal, the common good. It is now clear that sharing is essential for a greater collective impact and a more intelligent service.

The second calls for a more flexible program. Current emphasis continues to shift from the institution

. . . but needs are felt by people, one by one.

to the less formidable and more personal aspects of public health and community development. More and more, those involved in today's healing mission realize how important it is to get out of their ivory towers and into the mud-walled homes of the world's poor. It is here that one comes face to face with society's overwhelming inequality. Here in the villages, where the greater percentage of a developing nation's population lives and dies in ignorance of the basic requisites to survive, lies man's responsibility to teach, guide, demonstrate ways and means of *preventing* the debilitating consequences of malnutrition and disease.

While public health programs are the crucial tactic of today, this by no means eliminates the Christian institution. The hospital remains a vital aspect of effective service, a necessity in raising the level of health, a center for modern technology and training for the future, a base from which the public health teams radiate out and to which they return with their burden of the seriously ill, those in need of surgery, intensive care, hospitalization. The institution is still very much the focal point, but daily its role and function as witness to Christian compassion is more clearly defined. It has been accused of dominating the scene, of frightening or confusing the simple and unsophisticated villager with its unapproachable efficiency. It can — but must it? The truly Christian institution is a bit like the truly great actor in a supporting role. It is there in the background where, quietly and unobtrusively, it goes about its daily task of "curing every kind of disease and infirmity," (Mt. 4:23) proclaiming Christ's healing Word "through the miracles that accompany. . . ." (Mk. 16:20)

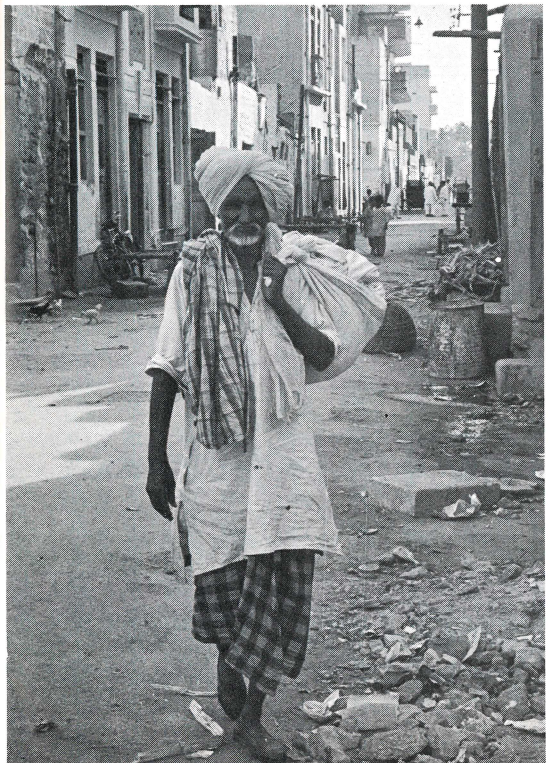
Today, as Mother Anna Dengel places the leadership of her community into new and younger hands, over 700 Sisters struggle to remain

New Delhi, India.

New Delhi, India.

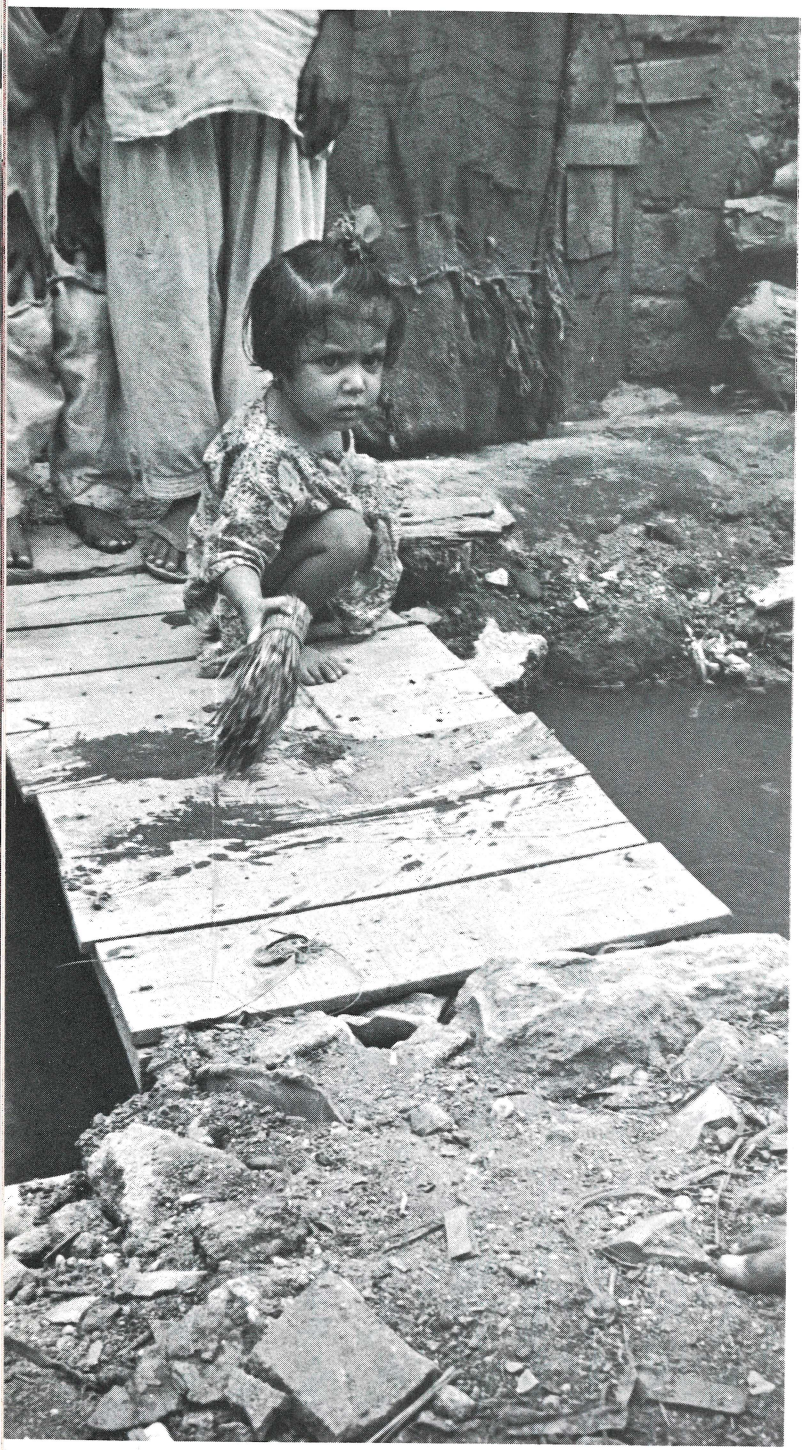
Quinhon, So. Vietnam. →

Karachi, West Pakistan.



The need is there and takes no searching.

Karachi, West Pakistan.



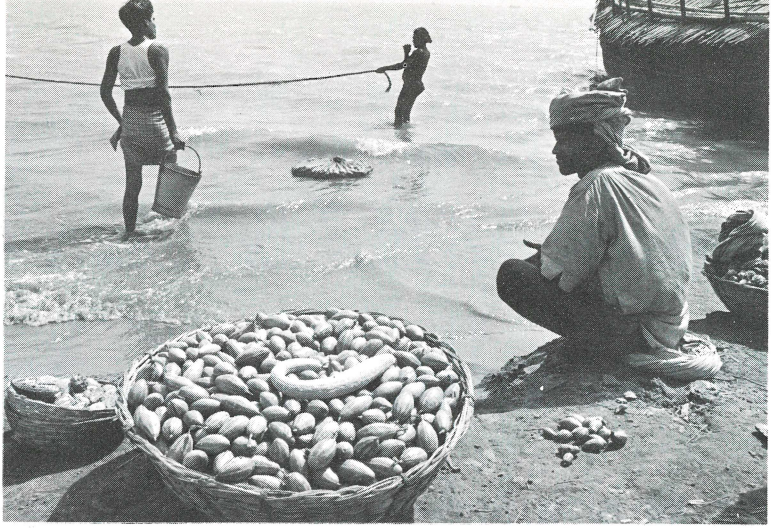
Dacca, East Pakistan.

true to the daring and determination of her vision, to the initial impulse of the Spirit that gave birth to this healing mission.

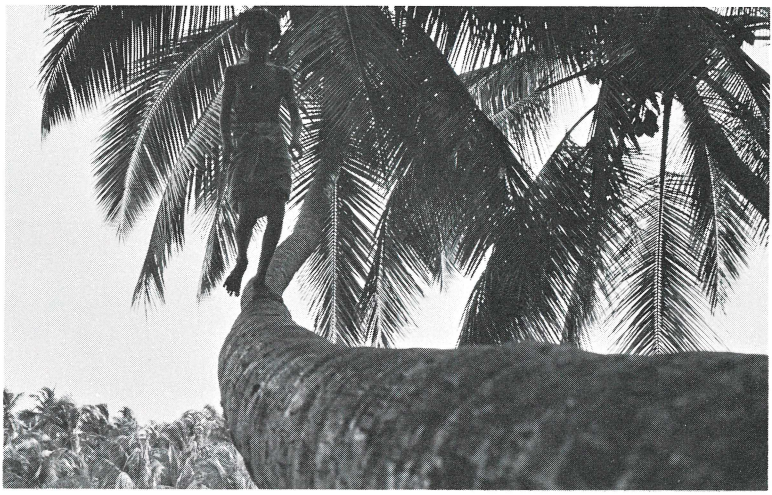
"This is our vocation: to make Christ live within us, then let Him shine forth." (Mother Dengel) Yet it is so easy to become static, weighty, immune to the urgency of effectively witnessing to Christ. We who are Christ healing in 1967 are fully aware that our way of life can quickly become encrusted with useless heirlooms. Periodically we need to hack away the non-essentials that cloud the clarity of our healing message. Today we ask ourselves with greater honesty, how deeply do we influence for the better the world as we meet it? Have our patients really become better men, both in spirit and in body, better Sikhs, better Buddhists, better Hindus, for having been helped by us? Have we allowed *ourselves* to become *better Christians* through our involvement with them?

The task that lies before us is no small challenge. The courage of one woman, whose compassion for the anguish of men reached far beyond her native Tyrol and deep into the heart of Asia, has launched a long line of hospitals, clinics, public health mobile units, training centers and community development programs that now extend Christ's healing hand into a wide variety of cultures. Yet we who have chosen to share the burden of this Christian vision have not even begun to penetrate the staggering mountain of need. Still we do what we can with the best that we have to give, and we do this with the language of our lives. Wide open to the present moment, our lives are patterned by the needs of the now. Our service, to be truly *of service,* demands this.

This then is what we strive to do today. What will we be tomorrow? We will have to wait and see.



Patna,
India.



Thuruthipuram,
So. India.

In these lands, need wears an open face.

Quinhon,
So. Vietnam.

Mary shines forth on earth until the day of the Lord shall come as a sign of sure hope and solace for the pilgrim people of God.

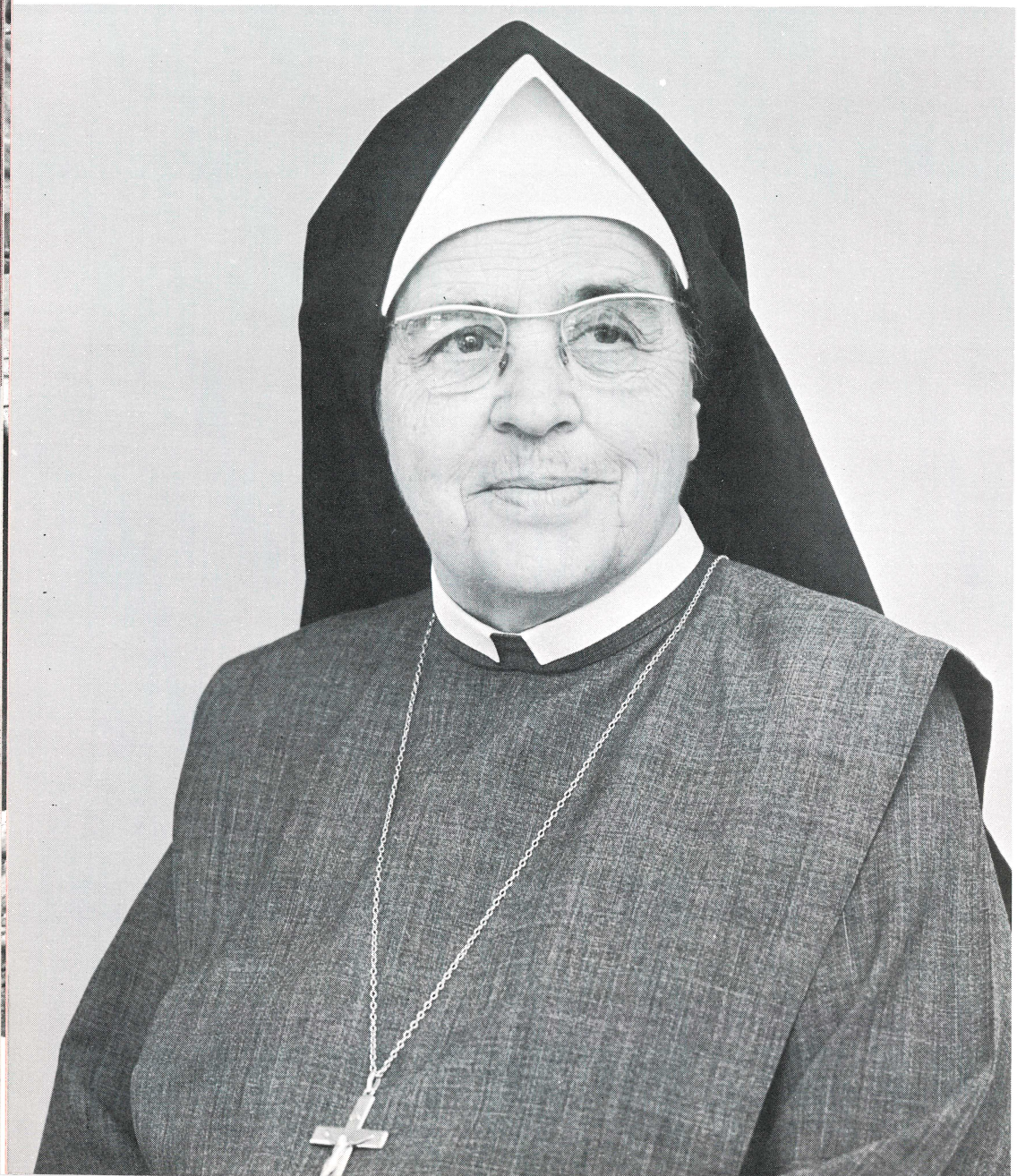
CONSTITUTION ON THE CHURCH

If you have real love
you are inventive.
If you love
you try to find out
you are interested.
If you really love
you are patient
you are long-suffering.
Certainly if you love
you accommodate yourself.

If you love
you want to give
you are tireless, selfless
and generous.
If you love
you really try to serve
and not just work.
One does not spare oneself
if one loves.

(Mother Dengel)

Mother Anna Dengel, Superior General from 1925 to 1967.



Here is My servant
to whom I grant protection
the one of My choice . . .
My spirit rests upon her
and she will proclaim right order
among the people.
(Isaia 42:1)

Sister M. Gregory Gates, elected Superior General on October 20, 1967.

A WAY TO LIFE

by Sister M. Carol

Employees exhibit the fruit of their labors—onions galore.

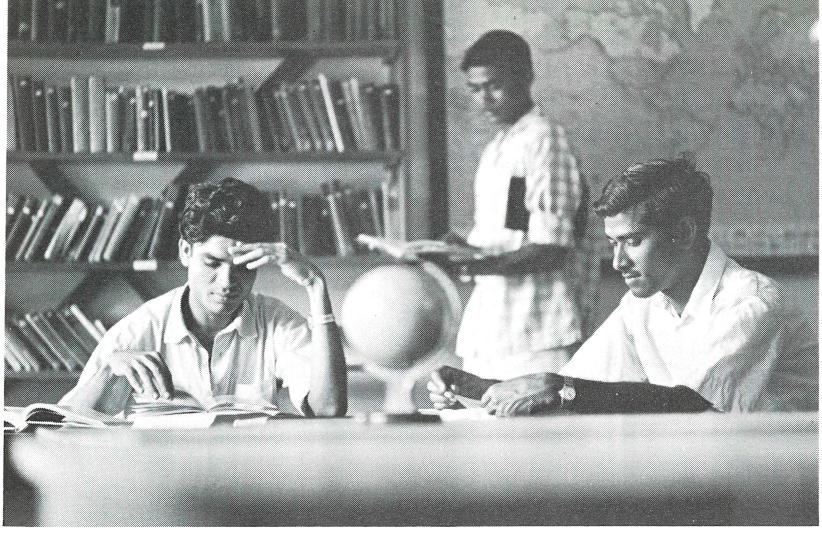
Life can sometimes challenge a man beyond his individual capacity to respond and live. Existence then demands the pooling of capacities in a union of efforts to grapple with growth and transcend it. Only co-responsibility begotten of mutual concern can encompass and integrate the apparently overpowering obligation to become. The recent famine in Bihar proved such a challenge to life. At Holy Family Hospital, Patna, India, we are building upon the basic human values of initiative, solidarity and justice to confront the disaster and grow because of it.

The term "participative management" pinpoints our major move to encourage a cooperative response among our employees to the problems intensified by the famine. This program asks each person's acceptance of his individual responsibility for the good of all. We have discovered that group pressure toward a common goal demands that each man recognize his own dignity and act accordingly to achieve the dignity of another. In this way, no one needs to cower behind a structure or resort to dishonest or violent means to claim the food, education and health care which rightfully belong to him.

The response of the maintenance men indicates the success of the plan. They sit cross-legged on the floor and discuss the problems of the department and possible solutions in marked contrast to previous meetings where their only contributions were complaints against the hospital management and blind adherence to the decisions of a few leaders.

One of the first fruits of this method of participation was the institution of night matriculation classes to benefit the many employees who did not finish their education because of financial difficulties at home. As many as 25 people have been attending the class every night for seven months. When they are ready, they will appear privately for the State examinations. Those who pass may then seek entrance into our registered nurse-registered midwife program or get better jobs elsewhere. Some of the employees themselves teach the classes on a voluntary basis. However, an application is being made for aid to pay them a salary.

In the same area of education, the "participative management" faced and answered another need. Many employees have been unable to educate their children because of in-



Healing today means COOPERATION

The quest for knowledge in the library at Holy Family Hospital, Patna.

sufficient funds. So the men installed a bicycle stand outside the hospital and put the revenue into an Employees' Welfare Fund. Only 10 *paise* insures any employee or visitor a place in the stand. As bicycles are the normal mode of transportation, enough profit was made this year to pay for school fees and books for all the employees' children up to the seventh standard. A very important stipulation accompanies the aid in order to counteract the apathy often shown toward education by both children and parents. If a child obtains money for school fees and books from this fund, he must pass or become ineligible for help next year.

Another area that has felt the stimulus of cooperative action is food production. Recently, we fenced in the field behind the hospital and with a tractor from CARE have begun to cultivate the ground. The male employees come on their free time to plow, plant, water and harvest the crops in return for a share in the field. Often the work assumes a party atmosphere like the morning everybody came to gather the onions. About 4 a.m. many families arrived to dig out, sort, weigh, bag and store the crop. A meal of *chapatties* and curry were served after the work was done. All returned home tired but happy, carrying a precious bag of onions, a commodity too expensive as a rule for them to buy.

When Bihar District was officially declared a famine area, we began investigating the possibilities of a consumer's cooperative to supplement the government ration cards. A field officer from the Indian Social Institute came to help us initiate the project. As soon as we are registered, we can sell shares, stock the store and begin business. The employees are entirely responsible for the cooperative.

Ultimately, all these projects of the "participative management" program figure vitally in involving each person in nation-building activities. The joint pursuit of individual growth alerts a person to national and international co-action. As the late Prime Minister Nehru said, "The cooperative principle is not something which is a way of credit or marketing. It is a way of life. If you make it a way of life, you not only attempt to solve the country's problems but also help in the solution of international problems."

COMMUNITY UNDER DEVELOPMENT

Sister M. Juanita, the author, heads the nurses' training program at the University of Zulia in Maracaibo, Venezuela.

"El Marite is a community under development" reads a sign on the outskirts of Maracaibo. The area had been a large farm before its purchase by the municipal government for a re-location project affecting some 90 families in the Las Playitas district of inner-city Maracaibo. In two years, a complex of two-room dwellings with cement floors and brick walls sprang up to replace the shacks by the shore of Lake Maracaibo, which the families left behind. Las Playitas then gave way to accommodate the city's new open market.

Developing El Marite from a complex of cement houses into a community of happy homes demanded that leadership and progressive change accompany the high hopes and obvious opportunities presented by the project. The municipal government, the University of Zulia and the local health authorities joined forces to further the development by centering their efforts on public health in the area. The nearest medical care for the approximately 30,000 people in El Marite and four surrounding *barrios* was a health center one half-hour's drive away. Poor public transportation made this facility extremely inadequate.

To remedy the situation, the Department of Preventive Medicine in the medical school at the University of Zulia contributed professional and student personnel to the local health center, while the health authorities equipped and administered it. The development project then assumed a triple purpose: to provide a program of preventive as well as curative medical assistance to the area; to give the nursing and medical students of the university concrete experience in preventive medicine and community development; to further progressive change in the area in cooperation with a socio-anthropologist, a social welfare worker and a development promoter.

The students of the university worked in groups for 11-week periods. Each medical student assumed the care of one family, while each nursing student was responsible for seven to eight families. An introductory visit to the families who wished to participate paved the way for mutual confidence and cooperation. During the next visit, the students gathered information on the medical history, the socio-economic status, and the psychological background and attitudes of the family. This information was then tabulated at the health center to discover the important problems of the community and its potential leaders.

Ten days later the students did a nutritional study on one of the preschoolers in the family to determine the degree of malnutrition. The mother was also questioned about food habits and the local customs and beliefs surrounding nutrition and health.

After this visit the seven or eight families of each area began to come together with the medical and nursing students at the health center in the evening to discuss community problems. Although the students conducted and oriented the discussion, the families were encouraged to

present the problems and possible solutions. A "post-conference" followed each meeting to analyse its dynamics and results. Besides these meetings each area team has initiated a particular project to effect some needed change in the area. Finally, each family was given appointments for physical examinations at the health center or in their home. The medical and nursing students assigned to a specific family carried out the physical examinations. The results of these were correlated with environmental conditions to indicate the proper path toward improvement.

The overall results of this cooperative effort at public health and community development are exciting! The beliefs and practices of the people are being wedded with sound principles of nutrition and hygiene to generate and insure improved health for each individual. Definite steps are being taken to solve fundamental problems, like the lack of running water, through civil and private planning and labor. As regards the medical and nursing students, the spirit of team work is experienced in the common challenge of a concrete situation. A clarification is made of the medical student's role as "family doctor" and the nursing student's function as coordinator of health services. Both groups encounter first-hand the complexity of promoting health.

"El Marite is a community under development." *¿Y que pasa?* (So, what's up?) The project in this community can be capsulated in a demonstration one of the students used at a community development meeting. First she lit one match in a dark room. It flickered faintly and went out. Then she invited everyone present to light a match, and the whole room was illuminated. Such is community development. What one individual or family cannot do alone, the whole group can accomplish together.

Healing today means PUBLIC HEALTH and COMMUNITY DEVELOPMENT

Do you think Sister will come to visit us today?

ONE LITTLE BOY

By Sister M. Sharon

Healing today means INSTITUTION

Sister Sharon wins a grin from Abdul, Holy Family Hospital, New Delhi.

The knot of workmen repairing the road in the narrow, twisting lanes of Saddar Bazaar had just removed a large kettle of steaming tar from a small fire and set it to one side. They crowded around the fire to warm their hands before resuming their work in the cold December air. Suddenly, out of nowhere dashed a ragged piece of humanity about 7 years old, completely oblivious of where he was going. Headlong he plunged in to the boiling tar. So it was that Abdul came to Holy Family Hospital, New Delhi.

I met him about a week before Christmas last year. A group of youngsters had come to carol at the hospital. They were all bundled up in bright sweaters and scarves and were just as eager to see the hospital as they were to sing. Most especially they wanted to see the children's ward. So off we went.

The ward was about half empty. Down at the far end a nurse was bending over a newcomer who looked like a miniature mummy. He was swathed in bandages from head to foot. Huge tears squeezed out of the corner of one swollen but unbandaged eye. Abdul did not want to meet anyone, he did not want to look at anyone, and least of all did he want anyone to sing to him. "Gosh!" said one towheaded youngster, "wish I could do something for him. He sure looks hurt." And his own eyes filled. A quieter and more thoughtful group left the ward. As I turned to go, I smiled my best smile and told Abdul I would visit him again. He just looked the other way.

Time flew by. Christmas, the New Year, February came and went. I stopped to see Abdul as often as I could. His face, neck and right arm were deeply burned; however, scar tissue gradually began to form. Skin grafts would be necessary for his face and neck, but in the meantime, physiotherapy was begun on the stiff fingers and elbow. I could get no response from my unwilling friend. He would politely listen to me but never looked directly at me. One day I decided to show him my camera. Carefully I explained how it worked and the principle of the light meter. He was all attention. By then the rest of the children had gathered around the two of us. I asked Abdul if he would like his "'snap" taken. For the first time he looked at me and ever so tiny a smile began to gather at the corners of his mouth.

By the end of March Abdul was the undecided champ of pediatrics. His doleful appearance that could so suddenly be transformed by a sly grin won everyone's heart. When April rolled around, he was well enough to play on the terrace with the other children. Toward the end of May his father, a coolie, came to take Abdul home, with the condition that he be brought in every day for a dressing change.

Shortly after Abdul's departure I myself left for a vacation. The day I returned, I stepped off the elevator to face a little boy in a dejected heap . . . "Abdul, you're back!" He just looked at me miserably. Two weeks after his discharge, massive infection had set in. It had not been possible to keep the bandages clean in the congested bazaar, and a diet of *chapatties* and a few vegetables had not been enough of the right nourishment.

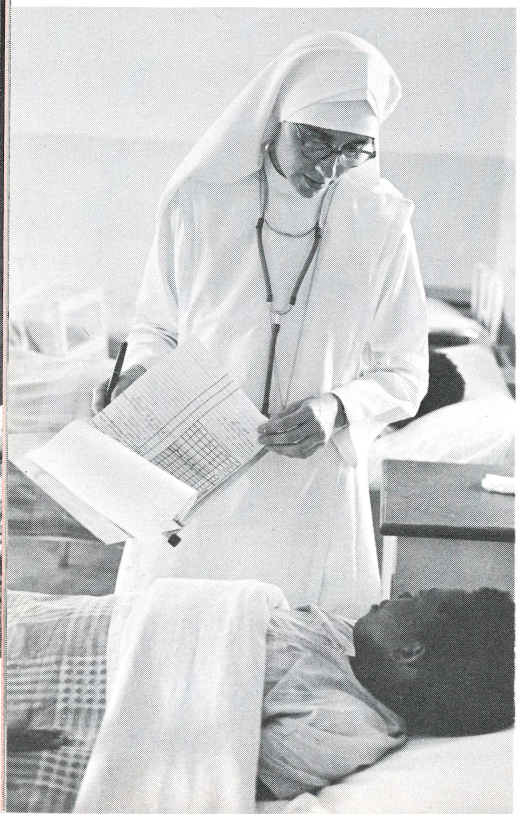
Abdul is still with us. He can straighten his arm and flex his fingers now, but his head remains stiffly pulled to one side. As soon as the infection clears completely, skin grafts will be done. Until then Abdul runs around pediatrics like he owns it. He has picked up a considerable amount of English as well. Certainly, his life has changed because of his illness. Perhaps this change will be for the better if in struggling with his physical distress we have liberated his spiritual potential to live and love more fully.

Healing today means PROFESSIONALLY QUALIFIED

Health opportunities are evolving widely and wonderfully in 1967. The explosive progress of scientific knowledge and technique has overrun many ancient strongholds of ignorance and disease. Consequently, effective care of the sick requires more than good will and general intuition. Today long years of professional training followed by an equal amount of practical experience are necessary to qualify one to "cure the sick." The charism of healing has developed the art and science of medicine.

Sister M. Gregory Gates, S.C.M.M., M.D., offers an example of a 20th-century, professional healer. She graduated from Trinity College in Washington, D.C., received her M.D. from Georgetown University School of Medicine, and spent her internship and a year of surgical residency at Sacred Heart Hospital in Allentown, Pa. Only then, after ten years, could she begin to be of service at Holy Family Hospital, Berekum, Ghana, and later at Holy Family Hospital, Fort Portal, Uganda.

Sister M. Gregory Gates, M.D., checks a chart and stops to chat, Holy Family Hospital, Fort Portal, Uganda.



Usually a mission doctor must be the "physician of all trades"! The only one of her kind, the doctor must meet each and every emergency that comes to her with the best of her knowledge and skill. Often, the diseases that were only textbook cases in the United States become routine complaints at the mission hospital.

However, 20th-century medicine is not a one-man-job. Equally as important as the doctor's personal professional competence is the experience and skill of the medical team that cooperates with her. Nursing services, pharmacy, laboratory, X-ray and medical records each facilitate the doctor's task and contribute to the total health care of every patient.

"Everywhere we are surrounded by real medical need," Sister Gregory stated. "The constant frustration is that you can't reach more people. One would like to be multiplied twice or several times in order to accomplish all the work that needs to be done."

Even in the face of overwhelming need, professional integrity limits the quantity of patients who are served. To treat a few well far surpasses touching many inadequately. The saving hope remains that more and more people will desire to continue the art and science of healing and will begin to prepare professionally to do so.

Healing today means TRAINING OTHERS TO CARRY ON

To heal is to teach people to help one another. Sister M. Philip illustrates this important function fulfilled by training programs in nursing, pharmacy, laboratory technology and X-ray at many Holy Family Hospitals. Here, she prepares a young man of Uganda to carry on the pharmacy department, Holy Family Hospital, Fort Portal.

Sister M. Scholastica, M.D., interrupts an examination to share a toy.

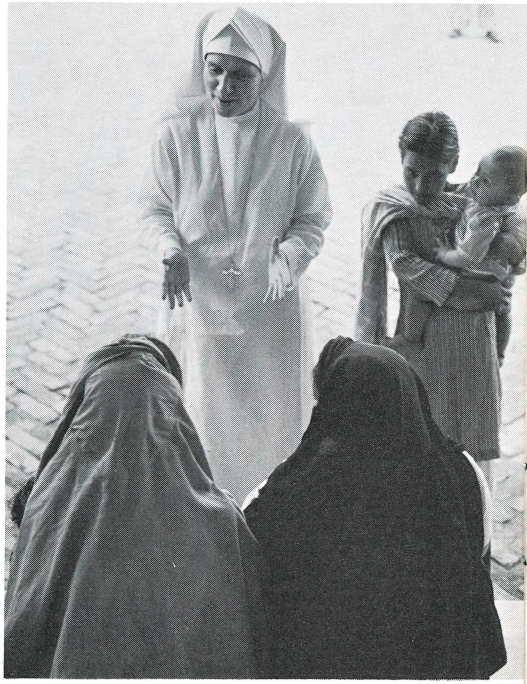
Healing today means LOVE UNDER-STANDING DEDICATION

the CORE

By Sister M. Kristin

In the evolution of the Church's mission of healing, there lies at the very heart of the matter an unchanging core, a thread recognizable in each twist and turn of human need. While the various forms of health service flow in constantly new and unique directions, a common source and inner dynamism characterizes each leap forward to a new level of service. The mission to heal is rooted in the word and power of the Lord.

Sister M. Pierre, Rawalpindi, West Pakistan.
Sister M. Gerard, Dacca, East Pakistan.



"Jesus went about the whole of Galilee, preaching the Gospel of the Kingdom and curing every kind of disease and infirmity among the people." (Mt. 4:2,3)

"It is not the healthy who need the physician, but the sick." (Mt. 9:6)

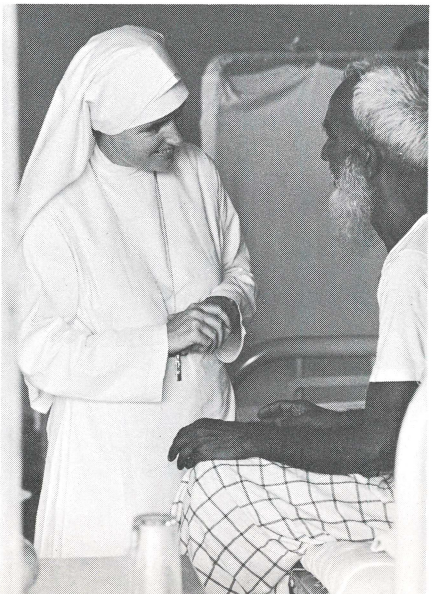
Sister M. Fernande, M.D., Berekum, Ghana.

Berekum, Ghana.

"I have come that they may have life and have it more abundantly." (Jn. 10:10)

"Cure those who are sick and say, 'The Kingdom of God is very near to you.' " (Lk. 10:9)

Sister M. Lourdes, R.N., Dacca, East Pakistan.



Christ healed by the power of God with the strength of the life He surrendered in the love He shared. To His followers He communicated the same power of life given in love to insure health and joy for all men of every age. The Word of Jesus is the core of a Medical Mission Sister's consecrated service of the sick. Her service of the sick is the golden thread that sparks and sustains the evolution of the Church's mission of healing.

Sister M. Angela, physiotherapist, Dacca, East Pakistan.

"These are the signs that shall accompany those who believe:
they will lay their hands on the sick, who will recover." (Mk. 16:17,18)

"As the Father has sent me, so I send you." (Jn. 20:21)

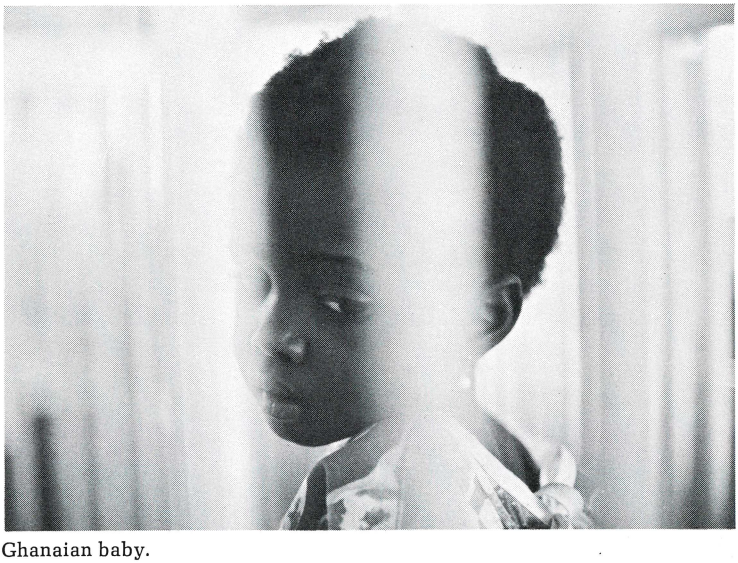
Sister Maria Goretti and student nurses, Dacca, East Pakistan.

Vietnamese woman.

Healing today means ROOTED IN THE GOSPEL

"Then there will be a new heaven and a new earth . . . He will wipe away every tear from their eyes and there will be no more death, or mourning or cries of distress...

. . . no more sorrow; those old things will pass away. I make all things new." (*Apoc. 21:3,4*)



Ghanaian baby.

POSTMARKED from our houses

GHANA

Efforts in Education

During the summer a plan was prepared to have classes for our employees. A Peace Corps teacher at the secondary school volunteered to come daily for the two months that she had free. This enabled our laborers to learn to write their names and attempt simple reading. The aides and pharmacy staff, who had finished middle school, had classes in English and reading. They would have taken advantage of the mobile library sooner if only they had been able to read with more comprehension. As one boy told me, "I read and read, but I do not understand, even when I use the dictionary . . . !" We also have plans for teaching the teenage girls some simple first-aid and basic anatomy with a clear explanation of marriage.

Sister Marianne
Holy Family Hospital, Techiman

PHILADELPHIA

Forty Years a Messenger

In October, 1967, the *Medical Missionary* celebrated its 40th anniversary. First published in Washington, D.C. in October, 1927, the magazine now has a circulation of over 23,000 and is published bimonthly by the Society of Catholic Medical Missionaries in Philadelphia. Mother Anna Dengel, the foundress of the Medical Mission Sisters and the first editor of the *Medical Missionary,* has described the magazine's function as "a messenger to the world of the medical mission apostolate. We want it to re-echo the aims and ideals of our vocation, the experiences and needs connected with our work and also our gratitude and appreciation for every kind of cooperation."

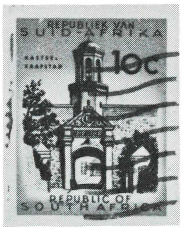
INDONESIA

O.P.D.—Java Style

Our new OPD's in Ugasem and Tugu, two little villages in Middle Java, are now officially opened, and we thought you might enjoy hearing about the ceremony we had. After a tour of the village of Ugasem, we arrived at the festive grounds. In accordance with the program, we had consulting hour first, then the opening of the clinic by the organizing committee. The burgomaster, the matron of the hospital, and the chief of the health service to which the village of Ugasem belongs, all gave speeches. They stressed the importance of health services and the appreciation of the people for our working here. After dinner we went to Tugu, where the ceremonies were repeated.

Before the official opening cere-

WASHINGTON, D.C., MOUNTAIN VIEW, CALIF. ■ **VENEZUELA**— MARACAIBO, CARIPITO, JUDIBANA ■ **GHANA**—BEREKUM



■ **CONGO**—MPENDZWA, KIRI ■ **MALAWI**—PHALOMBE ■ **KENYA**—NANGINA ■ **ENGLAND**—SOUTH SHIELDS, OSTERLEY

monies we had already worked in these villages for one day a week for four weeks, so we knew much of what to expect. A typical working day in the villages begins with a 12 kilometer ride on a good asphalt road and an 18 kilometer stretch covered with bumpy riverstones. We arrive at the *kebojan's* house, before the people do, but as soon as the *kebojan* beats the gong, a hollow tree, people come from all sides. We use one of the rooms in the house for examinations, and the drugs are usually set up on a table outside. At present, we have a team of five people: a young driver, a lay nurse, our Sister Alberta who dispenses drugs, a girl for administrative work and myself.

Sister Salome van Ginneken, M.D.
Holy Family Hospital, Solo

UGANDA

Precious "Pick-up"

Our Blood Transfusion Service continues to prove its worth. Timeseo, age 25, is an advanced case of sickle cell anemia. He knows when he is getting "low" and travels 50 miles from his village of Bwamba for his precious "pick-up" of four pints of blood. At the rate he needs the blood, his relatives would have been dried out long ago, if it were not for the transfusion service.

Sister M. Philip
Holy Family Hospital, Fort Portal

INDIA

The Power of Prayer . . .

One day last summer a SERVICE OF PRAYER was held at the YMCA Tourist Hotel. It was a city-wide interdenominational prayer service for rain in the drought affected areas of Bihar. In a brief introductory statement a government official highlighted the work being done in the afflicted areas. He publicly thanked the various organizations for the tremendous work they have done. After a congregational hymn, a call to remember God's presence and providence was given, using scriptural texts. A prayer of thanksgiving followed. Ministers, priests, and laymen took turns leading the readings and prayers. The Delhi Christian Choir sang two pieces. Sisters M. F. Irene, M. Th. Rose, Fidelis, Jerome and I sang with the group. The closing prayer and Benediction was given by Bishop Mangal Singh. Five days later the heat spell was broken in Delhi by a good thunder and lightning storm. I hope those prayers push those clouds on to Bihar.

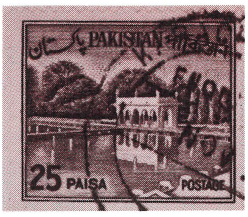
Sister M. Sharon
Holy Family Hospital, New Delhi

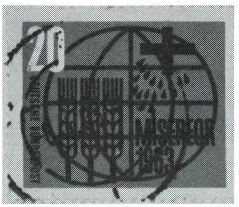
WEST PAKISTAN

And the Rains Came

Shortly after moving into the new hostel "the rains came" around here—and I do mean rain!

TECHIMAN, KOKOFU ■ **UGANDA**—FORT PORTAL ■ **PAKISTAN**—RAWALPINDI, KARACHI, DACCA, MYMENSINGH





■ **GERMANY**—ESSEN ■ **HOLLAND**—HEERLEN, UTRECHT ■ **INDONESIA**—MAKASSAR, SURAKARTA, PARE-PARE, LAWANG

More rain fell than in the previous 73 years and all within the space of a week or 10 days! If it had not stopped when it did, I don't know what would have happened to Karachi or Holy Family Hospital. We are just not set up for such rains. The second or third day we and all the staff ate a barefoot breakfast in the basement where all our dining rooms were flooded. Next day we abandoned the dining rooms and settled the staff in our vacated quarters on the second floor, while we had buffet lunches and dinners in the X-ray waiting room. Pumps operated on a 24-hour schedule in the basement of the hospital and new hostel, and our maintenance crew measured up superbly to the emergency. They were untiring in their efforts to keep things going and elevators working in spite of wet cables and the rain that continued to pour! We tried to conserve linen in every way possible with the patients. The *dhobis* (laundry boys) never let us down. A few sheets, draw sheets, gowns and other essentials were put in the cupboard daily. And still the rains fell.

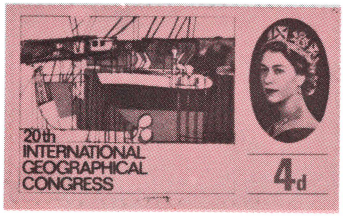
Absenteeism was high but the people really could not get to the hospital if they had been able to get home the evening before. Our employees slept here many nights and we were glad to be able to accommodate them, as many of their houses had been severely damaged and property destroyed. The city government declared a state emergency and set up relief camps to give out rice, wheat and *dhal* (Pakistani split pea soup). The situation really became acute when the city's main gas line was washed into the Malir River. The hospital cooks resorted to hot plates and primer stoves to prepare the meals. When the downpour eased, the cooking was even done outside.

We also had our own private relief camps since about the third day of the rains. Our neighbors from just beyond the hospital wall came over and camped in our basement until flooded out and then set up housekeeping in the shell of the auditorium sleeping at night on the ground floor of the hospital. Their houses had been flooded and they were really in a fix. We were glad to know them since we have been making occasional excursions over to see them about ante-natal care. We fed them breakfast, dinner and supper for several days and provided dry blankets at night to ward off any bad colds. We also managed to give them two sets of their inoculations while they were with us to prevent typhoid. As soon as the rain stopped, they returned to their wet houses.

Now thank goodness, we have sunshine again in Karachi, and things are getting back to normal in the city and at Holy Family Hospital.

Sister M. Ruth
Holy Family Hospital, Karachi

■ **INDIA**—PATNA, MANDAR, BOMBAY, NEW DELHI, POONA, KODARMA, THURUTHIPURAM ■ **VIETNAM**—QUINHON



■ **INDIA**—BHARANANGANAM, CHANGANACHERRY, KOTTAYAM, ITHITHANAM, MUNDAKAYAM ■ **PHILIPPINES**—LIPA CITY

VIETNAM

The Vernacular

We have been having Mass in Vietnamese since June, and we are not doing badly when you consider the difficulties involved. Unlike ordinary Vietnamese, the dialogue at Mass is chanted on two essential notes with a little bit of sliding in between. There is no music to follow, only the basic tonal pattern of each word. We find the chanting very enjoyable as each word is monosyllabic and receives equal stress. The combination of tone patterns with the two basic notes gives the dialogue a bouncy rhythm. The priest uses this chant for all his parts including the proclaiming of the Gospel. It is nice to have a special way of talking for this most sacred of events.

Sister M. Jessica
Holy Family Hospital, Quinhon

EAST PAKISTAN

No Longer Strangers

Recently Sister Rachel and I made a trip to Marayanganj. We sat up most of the night on the train from Dacca to Chittagong because of my over-confidence in the availability of second-class reservations at the last minute. Though I caught more winks than Sister Rachel in between snatches of conversation with our compartment sharers, the total number of hours wasn't impressive, partly due to normal train starts and jerks, partly because of the impossibility of stretching full-length. Besides, the talk was worth listening to. Of the 12 men sharing the available space with us, six preferred to doze while six seemed happy to use us as a pretext for their elaborations on religion, women, marriage, and generalities of endless interest, debating with the fervor Bengalis accord even the most unpromising topic.

The night brought its contributions of new insights into Muslim life, and some moments of mutual appreciation in the discovery of shared points of view. Yes, it's great that we believe in the same God who calls us to life and gives us our destiny. He, we, don't think it is necessary for everyone to marry . . . It is only in endless and honest talk that the fascinating details that together make a culture come to life and are learned. Sympathy and understanding plus a good dash of curiosity create the point where theory meets actuality: we were no longer strangers on a crowded train.

Sister M. Loyola
Holy Family Hospital, Dacca

HIGHLIGHTS

Conversion does not mean, speaking from a Christian point of view, a changing "over" to another religion, but a changing "in," a changing into a new life, a new existence, a new creation, which is precisely the old one — and not another — but transformed, lifted up, risen again.

Raymond Panikkar
THE UNKNOWN CHRIST
OF HINDUISM

If religious women live at the roots of their vocation, they can afford to be flexible about forms, to experiment meaningfully with them. It is role and spirit that are fundamentally important to a vocation, not the form that vocation takes. For the forms are and must always be relative and relevant to the changing historical and sociological context. This, more than most, seems to be a time to believe our Lord's advice and run the risk of losing life in order to rediscover it. Surely if we try to preserve it in its old forms we will lose it. In the context of a vital tradition, changes are not so much an end as a new beginning.

Sister Mary Lawrence, S.C.M.M.
WOMEN OF THE CHURCH

Christmas means that God has come to us, come to us in such a way that from now on, even in his own awesome, glorious splendor, he can only be "at home" with the world and with us. Through the birth of this child everything is already transformed. With the inexorability of love, everything is already pushing out from that inmost center of reality which is the incarnate Word. It is pushing out toward the countenance of God. . . .

Karl Rahner
THE ETERNAL YEAR

To shake the world out of indifference we need prophets, that is to say, men whose souls are captured by the divine vision of things and who can shake the mass of men out of their inertia, and be, in truth, "witnesses." A witness is someone to whom it is granted to see things as God does, and who has this inner vision himself in such a way that he can hand it on to mankind.

J. Danielou
ADVENT

A great hope must be born spontaneously in every generous soul in face of the anticipated work, and it also represents

& INSIGHTS

HIGHLIGHTS

the essential impetus without which nothing will be done. A passionate love of growth, of being, that is what we need.

Teilhard de Chardin
BUILDING THE EARTH

God's saving love for all men is "always and everywhere;" but His offer of salvation to each man is only in the "here and now" of each one's personal and fleeting experience of earthly existence in the flesh of this or that biological family, in this or that cultural context, in this or that particular place and limited time. Salvation is offered through passing historical events which are tangible and memorable and signal—like those which occurred once on the road leading down from Jerusalem to Jericho, involving a priest, a Levite, and a Samaritan.

Eugene Hillman
THE CHURCH AS MISSION

The story of medical missions, the Christian ministry of healing, portrays the thrilling advance of modern medicine in the service of mankind and the growth of a Christian community around the world. It is a relevant part of the history of the science and art of medicine in our day; it belongs in the record of the growth of education in the world; it also shares in the development and advance of certain peoples to mature stature. Finally, it is a description of a warm and growing brotherhood around the world.

Dr. Edward M. Dodd
THE GIFT OF THE HEALER

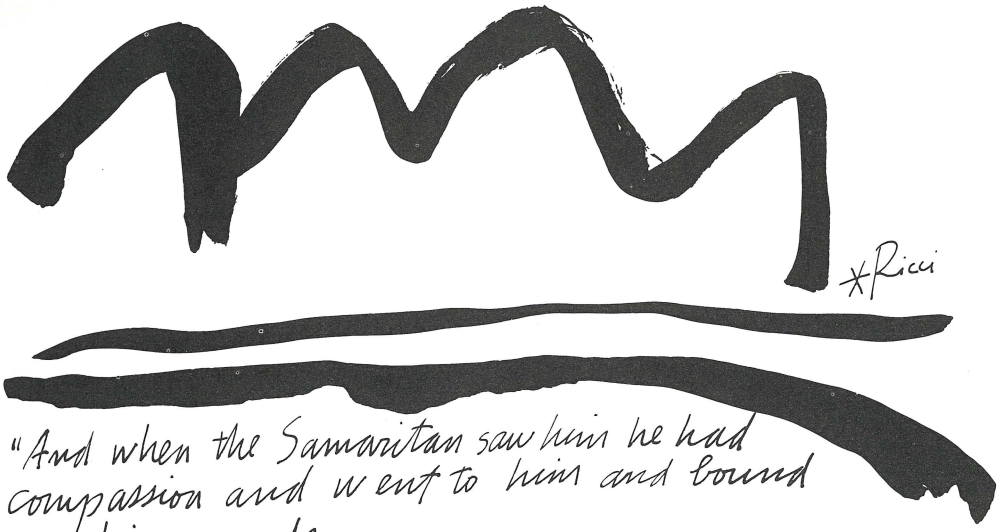
Suffering has recently been called a vocation in the Church. Pope Paul VI in speaking to a group of volunteers called the "Apostolate of Suffering" spoke of sufferers as having their "own irreplaceable function to fulfill. Each has his own vocation linked and harmonized with the vocation of all other members (of the Church) . . . each is the image of Christ. No one suffers alone, no one suffers in vain. Those who suffer, who suffer with Christ, cooperate in the redemption of Christ . . . The sufferer is an active element; like Christ, he suffers for others, he is the benefactor of his brothers, he is an auxiliary of salvation."

The Advocate
Sept. 7, 1967

Better medical care and improved public health measures have caused a decline in the death rate in India. Life expectancy at birth is now 50 years as compared with only 27 years in 1920.

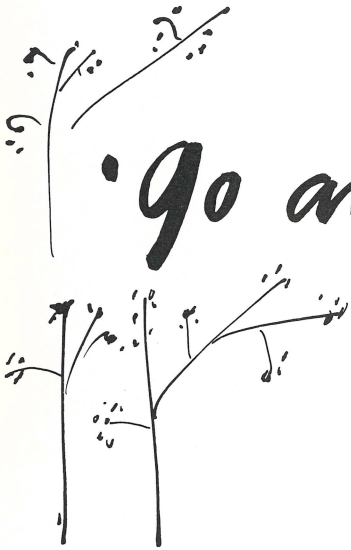
WHO Chronicle
July, 1967

& INSIGHTS



"And when the Samaritan saw him he had compassion and went to him and bound up his wounds...

and took care of him.
And Jesus said:



"go and do likewise."

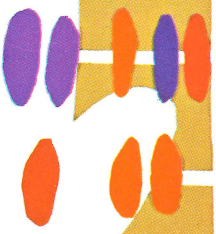
Luke 10:33

That nursery need needs changing.
Here's my $_____ to help.

_____

MEDICAL MISSION SISTERS • PHILADELPHIA • PENNA • 1911

BIG NEEDS come in small packages



The nursery at Holy Family Hospital, Patna, India, is always a crying need.